



Sangamon County Building & Zoning
PLUMBING APPLICATION
Room 213, 200 S. Ninth Street, Springfield, IL 62701
(217) 753-6760 or zoning@sangamonil.gov

FOR OFFICE USE ONLY

PERMIT#: _____

PARCEL#: _____

ZONING: _____

OWNER INFORMATION

Owner Name: _____

Owner Address/Zip: _____

Phone#: _____ Email (Print): _____

PLUMBING CONTRACTOR

Name: _____

Address/Zip: _____

Phone#: _____ Email (Print): _____

IL Plumber License #058-_____ IL Plumbing Contractors Registration#_____

PROJECT MANAGER

Name: _____

Phone#: _____ Email (Print): _____

Is home owner doing their own plumbing? ☐ Yes ☐ No (If answered yes, then read and fill out the section below).

NOTICE REGARDING RESIDENTIAL PLUMBING WORK

This notice is being distributed with residential plumbing permit application to remind homeowners or make aware of a key requirement of the Illinois State Plumbing Code. This code requires all plumbing work, must be performed, by an individual or firm, licensed and registered to perform plumbing work, in the State of Illinois. The only exception to this requirement is that homeowners may perform their own plumbing work for a single-family residence. They are to have the knowledge to perform the plumbing work and they will reside in that residence for at least 6 months after completion of the plumbing work. 1994 Illinois Plumbing Code 225 ILCS 320/3. If the homeowner subcontracts the plumbing work, a Plumbing Contractor licensed and registered with the Illinois Department of Public Health shall install it.

The undersigned agrees to the above requirements:

Signature: _____

Date: _____

PROJECT INFORMATION


Project Address or Parcel #: _____

NUMBER OF FIXTURES BEING INSTALLED, REPLACED OR REPAIRED

| | | | | | |
|-----------------|--|--------------------|--|---------------------|--|
| Tubs/Showers | | Drinking Fountains | | Backflow Preventers | |
| Washing Machine | | Grease Traps | | Sinks | |
| Lavatories | | Water Closets | | Water Heaters | |
| Urinals | | Dishwasher | | Sewage Ejector | |
| Sump Pump | | Pools | | | |
| Other: | | | | | |

SCOPE OF WORK & PROJECT COST

Please Explain In Detail: _____ Square Footing: _____ Materials & Labor:\$ _____

Please Read & Sign 

I certify that I am the owner or representative of the property which is the subject of this application, I hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the County agency. As the property owner or representative I assume the responsibility of locating any property lines, setback lines, easements, right of way, flood areas, etc., any construction within these areas may result in removal at the owner's or representative's expense. A Zoning Permit is valid for a period of six (6) months from date of approval and construction must commence and be worked on diligently thereafter or this permit may be canceled upon notification by the Zoning Administrator unless a written request is submitted to the Zoning Department within fourteen (14) days prior to expiration.

Applicant Signature _____ Applicant Printed Name _____ Date _____

Applicant is: ☐ Building/property owner ☐ General Contractor Representative ☐ Tenant
☐ Other _____

If not the property owner, an affidavit is required with parties signatures (owner/s and contractor) stating aware that a building permit is being applied for.

OFFICE USE ONLY

RESIDENTIAL

Square Feet x \$7.00 x .007

Minimum Fee: \$50.00

PLUMBING UPGRADE

Materials + Labor x .007

Minimum Fee: \$50.00

COMMERCIAL

Materials + Labor x .009

Minimum Fee: \$50.00

| | |
|--------------|--|
| PERMIT FEE: | |
| PENALTY FEE: | |
| TOTAL FEE: | |

Current Count Codes: Illinois State Plumbing Code with amendments 2006 International Residential Code